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FLORIDA DENTAL JOURNAL

THE OFFICIAL ORGAN OF THE FLORIDA STATE DENTAL SOCIETY

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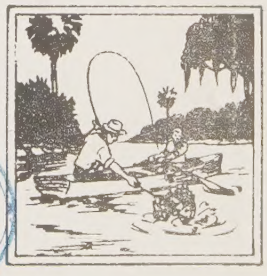

The Incoming President's Message

To the members of the Florida State Dental Society; Greetings. It is with a great deal of humility that I undertake to direct the work of our organization during the coming year.

Many problems will be encountered and much work must be done. Too much work and too many problems for any one man or small group of men to attempt. Our society can go forward only by the concerted efforts of every member.

Let every officer, every committeeman, and every member make it his own business to serve the society to the best of his ability, and our profession here in Florida cannot help but advance. If we shirk we alone suffer most.

A truer slogan was never coined than that of "Rotary", **"He profits most who serves best".** Let us borrow this slogan for the coming year. Let us remember that the clinician himself learns more than does his audience and that the man who "Puts out" for his society gains not only the satisfaction of a job well done but achieves a better understanding and a deeper respect for his organization and it's aims. We get out of anything only what we put into it.

To every member, I solicit your help and advice to the end that 1935 may be a prosperous and a profitable year for our state society and for each of us as individuals.

Sincerely and fraternally,

C. P. Cleveland

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CONVENTION HIGHLIGHTS

Everyone attending the 51st Annual meeting of the Florida State Dental Society agreed that it was one of the best ever held.

This was a clinic meeting and everyone on the program was a past master at giving clinics. You just had to be there to get this program and believe me those present got their moneys worth and then some.

The Florida men on the program gave clinics just as good as our visitors. Those presenting clinics were:

Dr. F. L. Adams, Tampa, Fla., "Scaling and Prophylaxis".

Dr. E. H. Clarkson, Jacksonville, Fla., "Novocaine and Block Anesthesia."

Dr. J. E. Chace, Ocala, "Direct-Indirect-Direct Inlays."

Dr. Lynwood Evans, Jacksonville, "Advisability of Periodic Mouth X-Rays."

Dr. C. J. Masters, Jacksonville, "Inlay Investment Expansion Control."

Dr. J. B. Tison, Gainesville, "Amalgam."

Clinics given by guest Clinicians include the following:

Dr. J. C. Bowling, Mobile, Ala., "Immediate Denture Service."

Dr. Willard T. Farmer, Birmingham, Ala., "Some Fundamental Principles in Denture Construction with Special Emphasis on Stresses and Applied Forces to Mandible and Functional Co-ordination."

Dr. J. M. Brown, Newton, Miss., "Some Practical Points in Casting."

Dr. C. A. Moore, Lexington, Miss, "Simple Method of Removing Broken Root Tips—Prompt Relief for Aching Dry Sockets—Care for Cutting Instruments—Facial Measure and Practical Points."

Dr. William John Healey, New Orleans, La., "Reconstructing the Occlusion of Natural Teeth to Establish Functional Balance". Assisted by Drs. S. H. McAfee, New Orleans, C. S. Fuller, New Orleans, W. H. Kern, New Orleans.

Dr. C. F. Chandler, Montgomery, Ala., "Angulation and Interpretation of Dental X-Rays."

Dr. E. L. Fortier, New Orleans, La., assisted by Dr. Andrew R. Whitney, New Orleans, "Surgical Eradication of Pyorrhea."

Dr. Wallace M. Nicaud, New Orleans, "Immediate Denture Service."

Dr. Stanley C. Baker, Greenwood, S. C., "Cast Fixed Bridges in one Unit to Functional Occlusion."

Children's Clinic—A group clinic:

Dr. Frank F. Lamons, Atlanta, Ga., "Handlng the Child and Record Keeping in Children's Dentistry."

Dr. Walter T. McFall, Atlanta, Ga., "Home Care, Diet and Home and Office Cooperation: Prophylaxis."

Dr. Steve Garrett, Atlanta, Ga., "Cavity Preparation in Deciduous Teeth and Treatments."

Dr. B. A. Dyas Jr., Atlanta, Ga., "Filling Materials for Deciduous Teeth."

Dr. T. A. Boone, Macon, Ga., "Space Retainers and Maintainers, Preventive Malocclusions."

Dr. W. L. Funkhouser, Jr., "Ethyl Chloride Anesthesis for Children."

The only addresses were by Dr. Homer Pierson, Miami, Fla., president of the Florida Medical Society and Dr. Frank M. Casto, Cleveland, Ohio, President American Dental Association.

The addresses of welcome and the responses were brief and to the point. The president gave a very brief address, so that the meeting got under way in record time.

Business

Tampa was selected for the 1935 meeting place and the time will be October 3, 4, 5.

Dr. George M. Shields resigned as president-elect on account of ill health and Dr. C. P. Cleveland was elected to the office.

The officers for 1935 are as follows:

Dr. C. P. Cleveland, Jacksonville, President.

Dr. Geo. M. Shields, Miami, President-Elect.

Dr. P. C. Harrell, Orlando, First Vice President.

Dr. R. M. Cummins, St. Petersburg, Second Vice President.

Dr. E. B. Penn, Miami, Secretary-Treasurer.

Dr. A. M. Smith, Tampa, Librarian.

Dr. C. P. Cleveland, Jacksonville, Dr. C. J. Caraballo, Tampa, Dr. J. E. Chace, Ocala, Delegates to A. D. A., 1935 with Dr. R. M. Cummins, St. Petersburg, Dr. J. M. Cox, Miami, Dr. B V. Dannheisser, Pensacola, Alternates.

Dr. H. B. Pattishall, Jacksonville, was re-elected editor of the Journal.

Dr. F. P. Meyer, St. Petersburg, was elected Advertising Editor of the Journal.

Dr. C. J. Masters, Jacksonville, was elected chairman of Post Graduate Work.

Dr. R. P. Taylor announced his intention to resign from the Board of Dental Examiners and Dr. H. B. Pattishall was unanimously recommended to the governor for appointment.

The Executive Council met Wednesday, October 17th at 2 o'clock with a full membership present. They continued in session all afternoon and another session that night and short sessions sandwiched in between the Society meetings on the other days.

They heard reports and considered the business of the Society and referred many matters to the general business session for final action.

The Tri-State meeting idea was abandoned for the present. The committee reported that it seemed to be impossible to get anything done.

The Honorable Fellow Degree will in the future be conferred on all who have paid dues for 25 years continuousy.

They will be designated to receive the degree at the next annual meeting after 24 years dues have been paid, provided they remain in good standing until that time.

The degree of Honorable Fellow was conferred on Dr. Chas. L. Smith of Pensacola, he having been elected at a previous meeting. Dr. P. C. Harrell, Dr. M. C. Kennedy and Dr. W. E. VanBrunt, were elected to receive the degrees and Dr. C. J. Caraballo and Dr. A. M. Hedick were designated to receive the degrees next year under the new plan, since they will have been members for 25 years by that time.

334 members out of a possible 520 were reported as paid up. This is a gain of 18 over last year and 66 short of the goal of 400.

The East Coast District was awarded the F. L. Adams membership cup for a membership of 71.6% of those eligible in the district. The other districts reported West Coast 66.1 percent, North West 60.2%, North East 55.8%, Central 55.5%.

The Northeast District was awarded the attendance cup with an attendance of 50%. Other districts were Northwest 99%, Central 27%, West Coast 23%, East Coast 9%.

107 Florida members registered for the meeting, 73 dentists visitors from other neighboring states. 23 exhibitors were present and a goodly number of wives.

The Executive Council passed a resolution asking L. M. Anderson Dental Supply Co. to discontinue the sending of Oral Hygiene to dentists in this State.

The Executive Council arranged with Mr. Anderson of L. M. Anderson Dental Supply Co. to accept a considerable increase in advertising. Looking toward the improvement of our Journal. You will hear more of this soon.

Several amendments to the constitution and by-laws were approved. We will print them later.

The plan of the Special Committee on School Clinics for establishment of free clinics for indigent children in all the counties was approved and the Legislative committee authorized to prepare the proper legislation for same.

The Necrology Committee reported that no deaths had occurred among the members of our Society this year.

A resolution was passed on the death of Dr. Sam Silverman, Atlanta.

The Society voted to incorporate and authorized the committee to take such steps as were necessary.

Dr. C. L. Nance was presented at the banquet as the one dentist who had not missed a meeting of the Society since 1902 when he became a member.

Of seven members of the class of 1919 of Atlanta Southern Dental College who located in Florida three have been president of the Society, Dr. L. W. Knight, Dr. C. J. Masters, Dr. E. L. Thompson.

The Northwest district had every member present except two. They were not eligible in the attendance contest on account of being hosts.

Dr. Idus Shields was taken sick just before the meeting and was not able to attend. It was thought he was taking dengue.

Dr. F. M. Casto, President of the A. D. A. sat in the meeting of the Executive Council and complimented its members and that body on their unselfish and untiring service to the Society and dentistry and on the business like manner in which it was conducted.

Dr. Casto spent some time explaining, and considering with our committees, a bill which is reported to be in preparation providing for Health Insurance including dentistry. You will hear more of this a little later.

Dr. Geo. M. Shields was sufficiently improved in health to attend the meeting although not strong enough to undertake the presidents job. George's many friends wish for him continued improvement and complete recovery in a short time.

The Honorable Fellows in attendance organized themselves while in Pensacola and plan to meet every year and have already suggested changes for improvement of conferring these degrees. Dr. Ewd. H. Clarkson was elected President, Dr. S. A. Hussey, Secretary.

We learned with a great deal of pride that Dr. J. E. Chace had been made a fellow of the American College of Dentists at their recent meeting in St. Paul. Florida is proud of its two members of the College. Dr. C. J. Caraballo was made a fellow a year or two ago. These two men are truly two of Florida's outstanding and most highly respected dentists.

The Northwest District was 99% present but they were 100% hosts. Nothing was left undone that would add to the comfort, entertainment and pleasure of their guests.

REPORT OF COMMITTEE ON PUBLIC RELATIONS

Mr. President and Members of the Executive Council:

Your committee reported to you at your Ocala meeting in May that it was working on the details of the dental survey of school children as requested by the American Dental Association and the United States Public Health Service.

We asked for 40,850 examination blanks to be sent as follows:

Miami, 11,000; Sanford, 1,100; Gainesville, 1,300; Tampa, 15,500; Sarasota, 2,250; Blountstown, 2,000; Newberry, 400; Tallahassee, 800; Panama City, 3,000; Jacksonville, 3,500.

Your chairman is not informed which of those places receiving blanks made the examination or how thoroughly it was done by any city other than Tampa.

I understand some blanks were sent for by dentists from other cities than these but I have no definite information about them.

Summary given up to date by the United States Public Health Service follows:

Total number blanks received in Florida 43,181; returned to Dr. Messner, 22,250; number school children from 5-14 years 295,008; percentage of 295,008 examined 7.5; counties in state 67; counties returning blanks 9; percentage counties cooperating 13.4.

The dentists of Florida express themselves as having pride in their record of cooperation to help spread dental health education to the laity. The figures quoted do not support that expression of pride.

The term of office of F. L. Adams and W. F. Andes as members of this committee expire with this meeting and their successors for a three year period should be appointed by the incoming president who also designates the chairman of the committee.

F. L. Adams, Chairman

RESOLUTION

WHEREAS, Divine Providence has removed from our midst one of our valuable friends and teacher,

THEREFORE BE IT RESOLVED, that this Society mourn the loss of this friend and teacher, DR. SAM SILVERMAN of Atlanta, Georgia, and that a copy of this Resolution be published in our Society Journal, and a copy be sent to the bereaved family.

FLORIDA STATE DENTAL SOCIETY.

RESOLUTION

"WHEREAS, The Journal of the American Dental Association is the official organ of the Association and organized dentistry;

WHEREAS, the advertising policy of The Journal is conducted on the highest standard for the benefit and protection of the dental profession and the public;

WHEREAS, the said Journal deserves the wholehearted and substantial support of every member of organized dentistry;

AND WHEREAS, the Beneficial

Circle Plan was created for the purpose of stimulating interest in and obtaining further financial support for The Journal, having as its ultimate aim the procurement of additional funds through the sale of legitimate advertising space, to be used for the dental education of the public through the Bureau of Public Relations;

BE IT RESOLVED, That the Florida State Dental Society urges its membership to consistently support The Journal in every way, and use and recommend the products of these firms advertising in The Journal;

BE IT FURTHER RESOLVED, That the Society records its approval of the Beneficial Circle Plan;

AND BE IT FURTHER RESOLVED, That copies of this Resolution be forwarded to the officers and trustees of the American Dental Association, the secretaries of state and component dental associations, state society bulletins, and all journal advertisers."

HONORABLE FELLOWS ORGANIZE

At the last session of the Florida State Dental Society at Pensacola there was an organization formed among the members who have received the degree of Honorable Fellow, with a fine representation of the members present. Upon motion of Dr. J. E. Chase of Ocala the temporary organization was voted to be made permanent. The objects of the organization is to promote not only among its members a kindly feeling of good fellowship, but to promote the same among all the members of the Florida State Dental Society, and so with this brief explanation of our objects We greet you one and all.

The following officers were elected for the insuing year. Senior Fellow Dr. E. H. Clarkson, Jacksonville, Junior Fellow Dr. C. L. Smith, Pensacola and Scribe Fellow Dr. S. A. Hussey, Gainesville. During the banquet on Friday night, the names of our deceased members were read and a minute of silent prayer was offered. Then in a short but impressive manner the degree of Honorable Fellow was conferred upon Dr. C. L. Smith of Pensacola by the committee on this degree.

Dr. Chas. L. Smith, son of Dr. Francis Smith—Frances Smith, mother. Born near Noonan, Ga. Entered Medical College 1895—graduated from Medical College 1897. Practiced at Atlanta, Georgia, and came to Pensacola, Florida about 1902 to practice. Married in December, 1911 to Miss Mary McGill. Have one son—Chas. L. Smith Jr., senior at Georgia Tech. Electrical Engineering.

Dr. Smith was president of the Florida State Dental Society when it met in Pensacola in 1911, and has been active in the Society ever since, holding various offices and attending meetings and conferences.

His hobby is doing for children, taking an active part in Boy Scout work, and is a director on the Board of the Orphans Home in Pensacola, and established a Dental Clinic for this home about four years ago, which he has supervised ever since.

Some people never get up in life because they find it easier to stay down. —Journal of Houston Dental Society.

TO THE MEMBERS OF THE FLORIDA STATE DENTAL SOCIETY

Upon this, the threshold of a new Society year, it gives us great pleasure to compliment you upon the officials and committees you have chosen to head your activities.

As in the past, for more than half a century, you have chosen men of ability and integrity, men of the highest ethical calibre, men who will sacrifice their own practice and their own interests for the welfare of YOUR society.

As members it behooves each of you to give your enthusiastic and wholehearted support to these new officers. Many of you will be named to committees and we beg of you that you put into whatever task is assigned you the same enthusiasm that you would expect to be accorded you.

If the officers and members of the Florida State Dental Society, at this, the very outset of the year, unite in this manner, 1934-1935 will be the greatest of more than fifty great years of dental history and advancement and achievement in Florida.

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Classification Of Types In Peridontia

By R. H. Murphy, D. D. S.,
Macon, Ga.

Read to East Coast District meeting, Miami Beach, June 15, 1933.

Mr. President, Members of the East Coast Dental Society:

You may rest assured I was quite thrilled when I received the invitation to visit again "American's Winter Playground" to appear before your distinguished group for the purpose of exchanging ideas with you, to renew valued friendships and discuss with you for a short while a subject of paramount importance to the great profession of dentistry. I feel highly honored and it is a pleasure to be here today.

Periodontia is indeed difficult to handle and at times the results very discouraging, but we should not sidestep this very important branch of health service simply because the malady is more or less difficult to treat. Heretofore entirely too many teeth have been extracted and I fear we are following the lines of least resistance and seem to forget that we are being very destructive in order to construct some form of artificial appliance, which in a great many instances is entirely inadequate.

It has been suggested by prominent men in the profession that we have actually shortened the lives of patients by extracting too many teeth. This is probably true, but aside from the actual shortening of life, think of the discomfort, humiliation and inconvenience caused the patient. It is our duty as professional men to put forth every effort to alleviate this most dreaded oral disease. Unless we do this, we fall short of our duty to the public.

Mouth Diagnosis

I believe one of the major reasons for failures in connection with the treatment of periodontia is due to a lack of interest in diagnosis. We have the facilities for making thorough mouth examinations, but are we using them? I fear we are not. Do we all make complete X-ray examinations of the teeth? Do we all make exploratory examinations of the teeth and surrounding tissues? Do we use pulp testers? Do we check occlusion? Do we inquire as to the patient's general state of health? Do we confer with the family physician? I fear we do not and then we wonder why we fail. How many times a week do I hear this question—"Will you please tell me why Doctor so and so did not make a thorough examination of my mouth?" and then you will probably ask this question—"How am I to sell the patient?" You may demand X-rays and once you have them you are in position to make a fairly accurate diagnosis of the case presented, and you are in better position to advise the patient as to the type of operation adaptable to the case. I think that we should require certain things of our patients and if they refuse then, we should refuse to proceed with the work. We will let the same patient go the family physician—he recommends a complete physical with X-rays, clinical tests, etc., and watch what happens! They go through with it just as they have been advised to do—and like it, and then we dentists come along and recommend certain things and if the patient does not readily consent, we proceed to patch them up, dismiss them with the statement that everything is in good condition and then make the fee just as light as possible.

Schools of Thought In Periodontia

In order to evolve any definite technic in periodontia we must consider the different schools of thought we have had, and still do have, in this phase of our work. Possibly our first school is that given over to scaling and prophylaxis. Next it becomes apparent in the deeper involved tissues that this treatment is not enough. Consequently surgery comes into use and surgery may be divided into two different groups—conservative and radicals.

Today, as in the past, we have a large number of dentists employing the therapeutic or medicinal method of treating periodontia and in some instances splendid results cannot be denied. The use of the Quarts Lamp, Violet Ray and the like has not the following the exponents of this school fondly hoped at it's inception.

I believe that it is impossible for any particular type of operation to suffice in every instance. I disagree with the conservatives and ultra-conservatives when they say that every case must be treated according to their method. Likewise, I disagree with the radicals when they contend that every type must be treated radically.

Every dentist attempting to do periodontia should be thoroughly familiar with the different types of operations, their indications and contra-indications, etc. Unless we are so equipped we canot hope to make a success, even in a small percentage of cases. I therefore, think it is in order

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at this time to present a few of the different types for your consideration.

Prophylaxis

In dealing with the various phases of periodontia, prophylaxis is probably the most important service we are in position to render the patient. We very often find that the patient expects us to "throw in" the prophylaxis without making a specific charge and I believe this to be one of the major reasons why we have failed to make the laity appreciate the real importance of prophylactic treatment. Another reason why this phase of our work is not appreciated is the fact that too much of this work is shoved off on the associate, or possibly the hygienist, without the consent of the patient, thus causing the patient to feel that inasmuch as he was handed down to an assistant the operation must not be of prime importance, when as a matter of fact, it really is. Regardless of who performs the operation the patient should in some way be made to appreciate this service and the fee should be in accordance with any other service rendered And in this connection, may I say that in the past we have allowed our patients to go in, we knock off the heavy tartar, run over the surfaces of the teeth with a very stiff brush and a little pumice and let them go without taking the necessary amount of time to do a real thorough operation, explaining to the patient just why such was necessary and that in order to make prophylactic work remunerative we must charge a fee sufficient to compensate for the time and effort put forth.

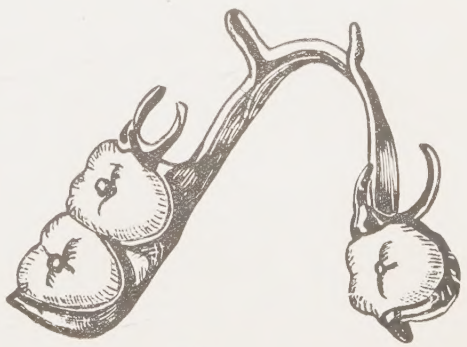
Deep Scaling

In those cases where we have a potential lesion caused by heavy, black deposits, bleeding gums, redness, with no evidence of loss of gum tissue or bone, it is impossible in a great many instances to do thorough treatment at one sitting and without causing the patient undue discomfort. Therefore, I believe it is up to us to do what may be classed as deep scaling. Taking a quarter section of the mouth at one sitting, using infiltration anaesthesia and with the proper instruments going well under the free margin of the gums and thoroughly removing all deposits. When we have completed all sections of the mouth in this manner then proceed to polish all surfaces of the teeth and instruct the patient as to the home care of the mouth, using the mouth as a model. (Charter's method preferably). In this connection, may I add that we instruct our patients to return for a check-up and prophylaxis monthly. If they do not return we call them. In a great percentage of cases we can prevent the formation of deep sockets, provided we see the patient at regular intervals and thoroughly clean and polish all visible surfaces.

Conservative Surgery

Conservative surgery may be defined as modified flap operation. It is preferred over a gum resection, particularly in the anterior part of the mouth for it is less disfiguring and because of the possibility of new bone tissue forming later. Kirkland, the father of this method of treatment, in speaking of the conservative method, or subgingival curettage, likens it to the removal of the contents of a room through the keyhole and asks the question—"why not open the door, so to speak, and gain access to the field of infection so that it may be easily and completely eradicated?" The advantage of the modified flap operation over the conservative subgingival is as follows:—Free and easy access to the field of operation with but slight injury to the gingiva, greater possibility of success being thus assured." The technic of this meth-

Please turn to page nine



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NOVEMBER, 1934

TO ALL FLORIDA DENTISTS

This is the last issue of the Florida Dental Journal you will receive UNLESS YOU ARE A MEMBER OF THE FLORIDA STATE DENTAL SOCIETY.

It is doubtless entirely unnecessary for any comment upon this statement either to Florida dentists who are members of the State Society, or to those who are not members.

In the past, in an effort to attract the interest of those who are not or have not been members, we have been somewhat lenient in the distribution of the Journal among all ethical dentists.

However, the Journal being a state official organ, it has sometimes been desirable that we include some material which is of interest to members only, and under the previous plan of distribution this has been either impossible or inadvisable.

With the issue which will appear in December our mailing list will be revised in its entirety and the December issue will be mailed only to those in good standing in the Society.

While we regret this step, in some ways, at the same time, having adopted this action we will adhere to it strictly, and henceforth the only circulation of the Journal will be to bona-fide members of the Society.

We may, however, leave the parting suggestion that any who wish to continue receiving the Journal may achieve uninterrupted contact by joining the Society.

FIFTY YEARS

In 1884 at Jacksonville the Florida State Dental Society was organized. Dentists with a love of their profession and a desire for improvement of their ability to serve their patients met at that first session. Their followers are still attending the annual meetings and carrying on the work started half a century ago.

The fifty first meeting was just held in Pensacola. In many respects it was outstanding and different from others. The attendance of Florida dentists was not up to the record established last year but it was a record breaker for attendance of out of state dentists. Seventy-three were registered from South Carolina, Georgia, Alabama, Mississippi and Louisiana. We were also honored by the President of A. D. A. Dr. F. M. Casto of Cleveland.

The officers and committees are to be commended for staging a most successful meeting and concluding the work of the year in such a satisfactory manner. Everything moved along with clock like precision and harmony prevailed throughout the year.

Our new officers were elected unanimously. Each year we feel that the new officers will have a hard job to equal those relinquishing their parts of the previous year. We know that this year will be no exception. Although the work grows harder and problems seem more perplexing we have every confidence in those selected to guide the destinies of the Society.

Fifty years have brought many changes in dentistry as well as the world round about us. Dentistry seems to be at the cross roads and it remains to be seen which road we take from here.

Organized dentistry must act wisely and its members must stand together if we are to travel the pleasant road and continue to advance as we have in the past.

THE JOURNAL

Every little while we hear of a visit to some dentists office and of finding the Florida Dental Journal and perhaps other Dental Journals in the reception room. These journals are not intended for patients to read but for the dentist and should be kept on his desk and read by him.

A little knowledge is a dangerous thing and applies to patients reading in journals intended for the dentist.

We hope to make some improvements in the Journal this year and will soon be ready to announce them. We also hope to keep you better informed of the work of the officers and committees. Some very important and far reaching matters relating to the practice of dentistry are before us and we want to keep you informed through the Journal.

Keep the Journal on your private desk or take it home and READ IT.

Folks who never do more than they get paid for, never get paid for more than they do.—Journal of Houston Dental Society.

Most of the shadows that cross our path through life are caused by our standing in our own light.—Houston Dental Society Journal.

It is never too late to learn, but if you know it all, that settles it.—Houston Dental Society Journal.

Don't be so narrow-minded that your ears rub.—Houston Dental Society Journal.

Don't spend so much time telling what you know, that you don't have time to learn something.—Houston Dental Society Journal.

If you have an hour to spare, don't spend it with someone who hasn't.—Journal of Houston Dental Society.

The drummer in the band holds the only job where one can beat time and get paid for it.—Journal of Houston Dental Society.

CLASSIFICATION OF TYPES IN PERIDONTIA

Continued from page seven

od of treatment as outlined by Kirkland very clearly is as follows: "After anaesthesia has been obtained, the block method being preferred, a small thin-bladed knife is inserted vertically into the gingival crevice to the full depth of the pus pocket, where an incision is made either in a mesial or distal direction through the gingical papilla, separating its crest into two parts, so that one half of it may be retracted labially and the other half lingually. This is done with a specially constructed periosteal retractor, and the gingiva is carefully pushed back until a fork can be inserted into the flap so that it can be drawn back sufficiently far to afford free and easy access for curets, at the same time providing a view into the field of operation. The spoon shaped curets are now inserted into the opening through which the infected tooth roots are easily and quickly corrected, and, at the same time, the ragged spicules of bone in the necrosed alveolus can be removed, a clean root surface and smooth healthy bone remaining. The flap is drawn back and with nippers, the infected granulation tissue is removed, after which the wound is sponged and dried out thoroughly for final inspection, and if any deposits remain on root surfaces they are visible and may be removed.

"The wound is irrigated with surgical solution of chlorinated soda (Dakin's) and closed by one suture, using a 0000 fine dermal suture and a curved needle. After the teeth and gums are dried thoroughly a wax dressing, composed of one part sticky wax and three parts beeswax, is fused and painted over the area of operation with a camel's-hair brush. This should be taken off in from three to five days and if the wound is sufficiently healed the suture may be removed, and the dressing left off, the mouth being cleansed daily with a pressure spray, suing physiologic sodium chloride solution as a mouth wash, the patient being instructed to resume brushing the teeth with gentle force."

Unless the disease has progressed to a point where we have the formation of pus pockets, this operaton is not indicated."

As stated above, this operation somewhat resembles the open flap

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operation, but is much less severe in it's traumatic effect on the gingiva that it might be termed a vest-pocket edition of the radical flap operation.

By actual comparison, and when I speak of comparison we naturally think of end results, I think the Kirkland conservative surgery more nearly approaches the ideal than any surgical proceedure now being practiced. My reason for such a statement is simply this:—The average operator can, if he so desires, in a very short while, thoroughly familiarize himself with this method, but the situation is somewhat different with some of the other above mentioned methods, as the average practitioner has not the time nor access to the required number of clinical cases to enable him to do them as well as he would like.

Flap Operation

We should not consider doing the flap operation, unless we find very deep pockets, some approaching the root-ends, pus flowing very freely with "puffiness" and the gums of a bluish tint. We occasionally find these cases with short upper lip lines and in these cases we wish to preserve as much tissue as possible for esthetic reasons. To destroy as much tissue in this type of case as we would in the gum resection would present quite an ugly condition.

To visualize the field of operation we can more easily and effectively remove all deposits from the root surfaces, as well as sharp pin-pointed spiculae of process and granulations, which often fill the pus pockets.

We should not attempt to do more than four or five teeth at one sitting.

After obtaining anaesthesia in the area to be treated, with a very sharp fine knife make an incision in the interproximal spaces separating the buccal and lingual tissues. With the periosteal elevator raise the buccal gum tissue so that alveolar process is exposed. We next elevate the lingual portion just enough to permit the spiral spoon curets to pass freely between the root surface and the lingual gum tissue. In other words, we disturb the lingual tissues just as little as possible. After making the exposures with the elevator, with the spiral spoon curets and spiral scalers thoroughly remove all deposits from the root surfaces, as well as fine pin-pointed spiculae of process and granulation tissue. These curets and scalers are designed to fit all surfaces of the root and the lingual aspect, as a rule can be reached with the buccal or labial application of the curet. After thoroughly cleaning the pockets and root surfaces with small tissue snips, trim the edges of the flap just enough to permit thorough coverage of alveolar process and with fine triple naught dermal sutures and semi-curved small cataract needles suture these flaps to place. Do not tie the suture very tight. The knot of the suture should be entirely in the interproximal space. Do not use a dressing or pack of any kind. These areas should be irrigated daily with sodium per borate solution.

Do not attempt surgery in the early stages of periodontia. Do not attempt surgery in mouths where Vincent's is present. We should also avoid treating cases where we find extensive involvement of bifurcations and trifurcations. These cases are, as a rule, unsatisfactory.

Gum Resection

Before performing this operation, as in all others, we must of course, have a complete set of X-rays, in order to know whether or not we have devitalized teeth, trifurcations and bifurcations involved and to determine the depth of pockets. Our next step is to thoroughly check the occlusion and grind wherever necessary in order to avoid irritation from tipping or locking, as this will retard healing after the operation is performed.

In order that we may have the mouth in as good shape as possible before beginning to operate we should give a thorough prophylaxis, removing all heavy deposits and stains and allow twenty-four to forty-eight hours for the gingival areas to heal. If the pockets are very deep it is wise to determine the clotting and bleeding time. In the deep-seated cases excessive bleeding is at times difficult to control.

Anaesthetize the area just as you would for ordinary extraction. Thoroughly pack away the area with gauze sponges, or large cotton rolls and sponge the area thoroughly with a 3% solution of iodine. The manipulation of infected tissue forces bacteria out into the blood stream and we must consider the general state of resistance of the patient and not attempt to do too many teeth at one sitting. A quarter section of the mouth is usually sufficient.

After you have obtained anaesthesia, with specially designed knives, or the ordinary sharp scalpel make the incision down to healthy tissue. We usually find a very definite line which can be easily followed. After making the incision on the lingual and buccal, with a fine spiral spoon curette remove all diseased tissue, as well as deposits and stains. Do not remove the process. The wholesale removal of process is contra-indicated. If we find sharp spiculae these should be removed or planed down. As soon as you have thoroughly cleaned the field with these instruments use a pair of fine tissue snips to bevel the margins of the incision. This will lessen post-operative pain, promote rapid healing and make the finished case more pleasing in appearance. I use as a dressing in these cases Ward's Wonder Pack. It is at times difficult to dry the areas sufficiently to make the dressing adhere to the area the entire period of ten days without being replaced. In order to overcome this undesirable feature at the time we are applying the dressing P pack sterile cotton in the interproximal areas, pack cotton rolls between the tongue, cheek and lips, dry the teeth thoroughly with a blast of air and then mix the dressing very thin. Have ready cut a supply of small gauze cones, which will approximately fill the interproximal areas. Dip this cone of gauze into the initial mix of Wonder Pack and pass it into the interproximal area. Add more powder to your mix and thoroughly coat the entire field. After the mix begins to set, coat the dressing with a heavy application of K-Y jelly or vaseline. This will keep the saliva from attacking the dressing before it has had time to set thoroughly. As stated above this dressing should be removed in about ten days.

The operation is adaptable to a limited number of cases only. We have men in the profession advocating this method of treatment for every type case presented and just as surely as the sun rises they are treading on dangerous ground. We are all too anxious to handle all cases according to one set rule or method, instead of making a thorough study of the cases to determine what method, or methods, of treatment is best suited in this instance. In other words, to attempt surgery in any section of the mouth where conservative treatment

is indicated is nothing short of criminal.

Summary

Please remember that the best service you can render your patient is a thorough prophylaxis monthly with definite instructions as to home care of the mouth. It takes only a little extra time to re-check the brushing technic, and this should be done unless you are thoroughly convinced your patient is taking excellent care of the mouth.

If periodontal lesions are present in the mouth full X-ray examination is indicated and should be made without further delay. Explain to the patient the value of this necessary service and you should have very little trouble. If, after examination, you find the case can be handled with deep scaling under novocaine, then I advise this method of treatment. If we have what may be termed hypertrophy of the gum tissues, weepy, lifeless, bleeding, with general lowered resistance, then do the gum resection.

I think it advisable to do the flap operation where the teeth are very loose with pockets approaching the root ends, some tissue has been lost, deposits are heavy and we have a very free flow of pus.

We should confine our work with conservative surgery to the anterior portion of the mouth. Nothing back of the bicuspids and in these areas we use this method when we find deep labial pockets as well as deep interproximal pockets.

Be prepared to do all of these types in any mouth. Conservative surgery, if necessary, in the upper anterior region, gum resection in the upper molar region, flap the lower molars and bicuspids and deep scaling under novocaine in the lower anterior region.

It has been a pleasure to present this paper and while I realize it is impossible to cover the subject of periodontia in a short paper I hope you have gathered a few points that will be of help to you in your work. If this paper has been the means of creating within you a desire to do periodontia, or better periodontia, a distinct health service to your patients, then I shall feel amply rewarded for the time and effort put forth.

Work never hurts some people because they never do any.—Journal of Houston Dental Society.

WHAT FLORIDA DENTISTS ARE DOING

CENTRAL DISTRICT

The Orange County Dental Society after being inactive for three months during the summer held its September meeting the evening of the 24th at the Chamber of Commerce building. Dr. H. V. Lundbery of Winter Garden became a new member of the society.

Ways and means for increasing the membership of the society as well as that of the district and state society were discussed. It developed that the membership committee have been active in this section and that a number of new members are in prospect.

The October meeting was held the 12th taking the form of a dinner.

Dr. Lundbery made application for membership in the State society through the membership committee headed by Dr. Harrell.

The proposition to join the medical county credit association which is doing successful work here was discussed favorably and definite action is to be taken at the next meeting.

It was voted to organize the society into a study club for the winter, one subject to be considered at each meeting in the form of a clinic or paper. Leaders for the discussion of each subject are to be appointed a month ahead and all members are to make a study of the subject to be discussed at the next meeting and all present are to contribute something or at least ask a question.

An informal discussion on prosthetic dentistry followed. Dr. J. W. Simpson, president presided.

Dr. P. C. Harrell left for the Pensacola meeting Saturday night planning to stop over at Tallahassee and Havana going by train.

Dr. and Mrs. Whitman were leaving Tuesday morning planning to stop over at points in West Florida on the way. They were making the trip as a leisurely drive.

Dr. Cyrus Sharp, Orlando informs us that his wife who was taken to the hospital shortly after their return from the mountains has improved sufficiently to be taken home. He will be unable to attend the Pensacola meeting.

Dr. S. A. Hussey of Newberry is moving to Gainesville where with his son associated with him, a new office will be established at 214 East University ave. New equipment is being installed in the new location.

Dr. Hussey is one of our old time members and we wish him well in his new location.

At Pensacola an organization of those on whom the degree of Good Fellow has been conferred was formed. The object being to furnish any help possible in making arrangements for the conferring of these degrees in an appropriate and dignified manner and to secure the best possible time on the programs for these important events. Officers elected for the coming year were: Senior Good Fellow, Dr. Ewd. H. Clarkson, Jacksonville; Junior Good Fellow, Dr. C. L. Smith, Pensacola; Good Fellow Scribe, Dr. S. A. Hussey, Newberry.

We learn that Dr. G. B. Tison's office in Gainesville was burned Tuesday night just before he was leaving for Pensacola and that the only articles saved were a bag of golf clubs and his clinic bag—both of which he used at Pensacola to good advantage.

NORTHEAST DISTRICT

The Jacksonville Society of Dental Surgeons held its regular meeting October 9. After the regular order of business was finished, Dr. D. D. Crews presented a paper on the etiology and treatment of Vincents Infection. There was a general discussion of Dr. Crew's paper relative to acute and subacute Vincents infection, and its treatment.

Dr. I. W. Bull presented some very interesting radiographs, which not only showed the importance of radiographic examination for adults, but the necessity of a routine radiographic examination for children, especially those requiring orthodontic treatment. The radiographs shown by Dr. Bull demonstrated the relative frequency that the twelve year molars are found impacted.

Dr. Henry A. Mark has established an office at 343 St. James Bldg. Dr. Mark is a graduate of the Atlanta Southern Dental College, and served one year interneship in Kings County Hospital, New York City.

The Northeast District was not as well represented at the Pensacola meeting as it should have been. The men that attended report a very successful meeting. You fellows that said you could not afford to go will never know what you missed. How you could afford not to attend the meeting is more than I can under-

stand. Gentlemen, you owe it to yourselves, and to your patients to be present at every meeting, because there is more to the practice of Dentistry than the actual work in ones office. Your help and co-operation is needed, so why not join in with your support and make the fight for a better profession?

The following men attended the meeting in Pensacola: Drs. J. W. Brownlee, W. W. Carson, Bryant S. Carroll, E. H. Clarkson, C. P. Cleveland, O. T. Elkins, Lynwood Evans, E. C. Geiger, L. W. Knight, G. A. Lee, J. R. Lynn, C. J. Masters, W. M. Newell, H. B. Pattishall, Glynn Phillips, E. H. Pound, A. W. Sears, G. H. Smith, E. L. Smith, J. D. Summerlin, R. P. Taylor, R. P. Taylor Jr., John I. Todd, E. W. Weldon, J. L. Williams, Z. L. Webb.

WEST COAST DISTRICT

The Executive Council of the West Coast District met in session on Sunday September 30th, at Doctor L. N. Harlow's office in Bradenton. Plans were discussed for the January meeting and the men are assured of an unusual program at that time. Those in attendance were Doctors Harlow, R. D. Cummins, C. J. Caraballo, W. A. Dean, F. P. Myers, W. H. Bond, F. L. Adams, C. J. Zimmerman, A. M. Smith, Jr., and W. P. Wood Jr.

The Tampa Society of Dental Surgeons held their monthly meeting at the Tampa Municipal Hospital on Monday evening October 8th. Dr. Alfred Augustine assisted by Dr. J. L. Schwartz presented a lantern slide lecture on Exodontia. Dr. A. M. Smith presented a case of Osteomyelitis. Dr. F. L. Adams, chairman of the local Economic Committee, made a report upon the care of the indigent as it concerns the profession at this time.

Dr. and Mrs. B. F. Sapienza of Birmingham were the guests of Dr. and Mrs. C. J. Caraballo preceding the State meeting.

Dr. J. P. Getzen plans to resume practice after an illness of several months.

Dr. Fred York spent the past month in the mountains and returned in time for the meeting.

Dr. L. N, Harlow and family spent the month of September at the beach.

Dr. T. B. Chaires has taken advantage of the return of prosperity and moved to larger quarters.

Dr. Alfred Augustine has returned fom his vacation.

Dr. C. C. Evans is back in the office after a vacation in Alabama.

Dr. E. Scott Lahr reports a wonderful trip to his old home in Chicago.

Still another good man gone wrong. Dr. L. B. King of Bradenton went down to Wauchula and brought back the belle of the town. Hearty congratulations.

Dr. W. L. Northern has returned from a five weeks visit to New York.

Our President, Eddie Thompson spent the past week-end in Tampa.

L. M. Anderson has returned from a business trip to New York and

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912,

Of Florida Dental Journal published monthly at Clermont, Florida for October 1, 1934.

STATE OF FLORIDA
COUNTY OF LAKE ss

Before me, a notary public in and for the State and county aforesaid, personally appeared Don M. Lochner, who, having been duly sworn according to law, deposes and says that he is the business manager of the Florida Dental Journal and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management, etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 411, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business manager are:

Publisher, Florida State Dental Society, Dr. Thompson, President.

Editor, Dr. H. B. Pattishall, 351 St. James Bldg., Jacksonville, Fla.

Business managers, Don M. Lochner, Clermont, Florida.

2. That the owner is: Florida State Dental Society.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: None.

Don M. Lochner

Sworn to and subscribed before me this 1st day of October 1934.
(SEAL) GEO. F. WESTBROOK
My commission expires Sept. 3, 1937.

A LITTLE BROTHER

Say! I've got a little brother,
Never teas'd to have him nother
But—he's here.

They just went ahead and bought him.
And last week the doctor brought him.
Wasn't—that queer.

When I heard the news from Mollie,
Why at first I thought twas jolly,
'Cause—you see

I spos'd I could go—and get him,
And then mama course would let him
Play—with me.

But when I onc't looked at HIM,
"Why," I says "Gee whizz is that HIM
Just that mite?"

They said yes aint he CUNNIN'.
And I thought they must be FUNNIN'.
He's—a sight.

He's so small it's just AMAZIN'
An' you'd think that he was BLAZIN'
He's—so red.

And his nose is like a berry
And he's bald as Uncle Jerry
On his head.

Why! He is not worth a dollar.
All he does is cry and holler
More—and more.

Won't sit up, you can't arrange him
I don't see why Pa don't change him.
At—the store.

Now! We've got—to dress and feed him
An' we really did not need him
More'n—a frog.

Why'd they buy a baby brother
When they know I'd great deal ruther
Have—a dog.

Joe Lincoln in Illinois Dent. Jour.

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THE AVOIDANCE AND DEFENSE OF MALPRACTICE SUITS*

By Frederick A. Fenning, of the Bar of the District of Columbia

Reprinted from the Illinois Dental Journal

All earnest and sincere professional men desire to avoid malpractice suits. Insurance, taken as a precautionary measure, usually will afford financial protection. Professional reputation, however, always is more or less affected by the mere institution of such a proceeding. It is usual that the less merit there is in a claim, the greater the amount asked as alleged damages. Newspapers unfailingly give full publicity to the filing of cases based on charges of unskillful treatment, and to the trials of such cases. A verdict for the defendant is believed to have much less news value than one for the plaintiff and is treated accordingly, while the fact that a case is dismissed before trial warrants no mention or, at most, only a few lines in an obscure position. It follows, therefore, that the apprehension with which physicians and dentists view the possibilites of a legal proceeding is such as often to prompt them to make a cash settlement rather than let a suit be filed. As a general proposition, one should never consent to being held up, yet many men will hand over their valuables without resistance to an armed highwayman and thereby escape physicial injury. Likewise, men often conclude to pay money rather than have distorted and one-sided versions of their professional acts bandied about with promiscuity.

Whether or not to settle on demand depends upon all the facts in the particular case, and can be determined only by these facts and not by any general rule.

While physicians and surgeons have been made defendants in malpractice suits far more often than dentists, it is well settled that the latter are subject to the same rules that govern the duty and liability of the former in the performance of professional services.

There are two essential elements to a malpractice charge, namely the violation of a duty owed by a professional man and an injury sustained by a patient. As to the obligation of duty, a clear and concise statement by a recognized authority is that "The undertaking of a dentist to his patient is usually said to be that he possesses the degree of skill and learning ordinarily possessed by the practitioners of his profession, and that he will exercise reasonable and ordinary care and diligence in the treatment of a case submitted to him." Injury, as the word is used in malpractice cases, has been defined as "Any want of the proper skill or care which diminishes the chances of the patient's recovery, prolongs his illness, increases his suffering, or in short, makes his condition worse than it would have been if due skill and care had been used."

A dentist who would seek to avoid being sued for malpractice must know the standards by which the proper practice of the profession are measured, and use every endeavor to adhere to these standards. Always it is essential that a dentist use reasonable care, skill and diligence. What may properly be regarded as reasonable depends in large degree upon the particular circumstances of an individual case and the character of service or treatment required. This involves, of course, the importance and delicacy of the undertaking.

A dentist who spilled part of the contents of a vial of carbolic acid upon a patient was held not to have exercised reasonable care; and the same was said of another who injected lysol in a patient's jaw instead of anesthetic. Failure to exercise reasonable care was attributed to a dentist who did not take proper steps to protect a patient against danger from the presence in her mouth of parts of a tooth broken during extraction; and one who pulled a perfectly sound tooth without justification also was held liable. A court held, however, that lack of care was not attributable to a dentist for failure to extract the root of a tooth of a pregnant woman, broken in attempted extraction, he having advised, in the exercise of his best judgment, that she return the next day.

Except in the use of anesthetics (to which later reference will be made) it is not incumbent upon a dentist to possess and exercise unusual skill. The proper measure of his skill is that posessed by the reputable practitioners of his art in the same community. The degree of skill ordinarily exercised by practitioners in a community was held insufficient by an Indiana court. In its decision the court said: "There might be but few practicing in the given localty, all of whom might be quacks, ignorant pretenders to knowledge not possessed by them, and it would not do to say that, because one possessed and exercised as much skill as the others, he could not be chargeable with the want of reasonable skill." With respect to medical men, it formerly was held that a higher degree of skill should be required of physicians located in cities than from those in rural communities. More recent decisions, however, have taken cognizance of modern means of transportation which facilitate travel to medical clinics and meetings, and to the availability of medical literature, all of which should serve to keep the rural practitioner abreast of the times. By reason of the nation-wide endeavor to keep the standards of dental practice on a high plane, it is probable that the same view should be taken of rural practitioners in that profession. The obligation of a dentist to possess and exercise skill does not arise out of his contractural relation with his patients, but rather from the duty he owes the public because of the nature of his calling.

A dentist who uses one of two or more methods or systems will not be held to be unskillful, provided he employs a recognized method or system, and a claim of negligence can be refuted by showing that a respectable minority of practitioners approves of the method selected. A court or jury will not undertake to decide which system, if any, is the best; and the mere fact that some writers may have prescribed a mode of treatment does not mean that such method must be followed to the exclusion of others of recognized standing.

Here enters into the discussion of the subject the matter of exercising judgment. Stated broadly, a dentist must exercise his best judgment. This should be based, primarily, on approved and accepted teachings, on practices that have stood the test of sufficient practical demonstrations, and on a full consideration of what the particular patient requires in the existing circumstances. All dental service, of every nature, requires the exercise of judgment. Confronted by an existing condition, the dentist,

in the light of his study and experience, and the history of the case, makes a diagnosis. It is then incumbent upon him to render, or prescribe, remedial treatment, and this he does by using professional judgment. If he makes a wrong diagnosis resulting from want of skill or care, or because of not collecting data essential to a proper conclusion, and the patient is injured as a result of improper treatment based on the wrong diagnosis, the dentist is liable. But a wrong diagnosis gives no right of action unless followed by improper treatment to the injury of the patient.

Again the dentist must exercise judgment in selecting a substitute to occupy his office during his absence, and in the employment of assistants. Under the doctrine of the law of agency, a principal is bound for the acts of his agent in the course of the employment.

A New Jersey dentist was held liable in a suit brought by a patient who went to the dentist's office in the early evening and had a tooth extracted by an assistant. The defendant undertook to disclaim responsibility on the ground that he employed the assistant only between the hours of 9 A. M. to 6 P. M. The court held that patients finding the office open, and an assistant present, were entitled to infer that the latter was there in the scope of his employment. Thus the dentist, for his own protection as well as for other reasons, must have for his professional assistants persons who in his judgment are properly qualified. Here, it may be remarked, that most careful judgment should be used in entering into partnership in the practice of dentistry, for partners are sureties for the faithful performance of the professional duties of each of them, and all are liable for the lack of skill or the negligence, either in omission or commission, of any one of the partners. Judgment also must be exercised in the matter of consultations with other professional men, but it has been held that the measure of skill which one is bound to exercise is not affected by his refusal of the proffer of assistance from others. For merely recommending another practitioner, a dentist has been held to have no liability. When two dentists are employed in a case each acts on his own responsibility, and also is answerable for any negligence of the other which he observes and permits without objection or which he has opportunity to observe.

In order to show that a dentist has been diligent, it is necessary to disprove or rebut a charge of negligence. Such a charge may be based on failure to take precautions to prevent infection, or the improper handling of instruments, or procrastination, and on dereliction in not giving necessary after-care. Generally speaking, the obligation of the dentist is to give proper care until the condition for which he operated or gave treatment has been remedied or until he has been discharged, or, on proper notice, withdrawn from the case. Nor is the situation changed if the sevices are rendered gratuitously for this circumstance does not absolve the dentist from the duty to use reasonable and ordinary care, skill and diligence. On the subject of negligence, it may be of interest to the members of the profession to know that it has been judicially determined that the fact that a patient suffered great pain was not proof of a dentist's negligence.

The Supreme Court of New York, Appellate Division, in reversing a decision and setting aside a judgment obtained against a dentist, remarked that the trial court had held, in effect, that if a person has a tooth extracted and thereafter his mouth is sore or he is ill, the dentist is responsible. In declaring against any such theory, and expressly stating that such is not the law, the appellate tribunal adhered to the rule that an untoward result of an extraction of a tooth did not make a dentist liable unless the result was brought about by his lack of the ordinary skill of dentists in his locality, or his negligence.

The dentist who administers an anesthetic is not measured as to skill and efficiency by that possessed by dentists in general. His skill and efficiency must be that of persons whose occupation and study give them a better knowledge of the use of anesthetics than that of general practitioners. If he uses a comparatively new anesthetic, the properties of which are not fully known or understood, very great care must be exercised. The court has laid down the principle that in putting a patient under the influence of an anesthetic, depriving him of the use of his faculties, the operator is required to use the highest degree of professional skill and diligence to avoid every possible danger. There is some modification of this in another decision, holding that a dentist administering an anesthetic is only bound to look to natural and probable effects and is not answerable for results arising from the peculiar condition or temperament of a patient, of which he had no knowledge. Courts have decided that the mere fact of death under the influence of an anesthetic will not alone support a recovery for malpractice. A definite responsibility is assumed by the dentist who arranges to have an anesthetic administered by another person. As to this, a Kentucky court has laid down this rule: In selecting an assistant to administer an anesthetic, a surgeon is under the duty of exercising the same degree of knowledge, skill and care as is required in performing any part of the operation. In a malpractice suit brought in the District of Columbia, it appeared that a surgeon, about to operate for hernia, made a satisfactory examination of the patient's heart and lungs, had a blood test and urinalysis, and arranged for the administration of ether by a four-year medical student. It appeared in evidence that the student had carefully studied the administration of ether, observed its administration in at least a thousand cases, and had actually administered ether, before, in eight

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or ten cases. A cyanotic condition was observed as the patient was being lifted to the operating table, prompt remedies were used, but the patient died. An autopsy revealed the heart to be in a state of fatty degeneration. The trial court found no evidence to dispute the qualifications of the anesthetist or the manner in which he had performed his duty, refused to impute negligence to the surgeon with reference to the administration of the anesthetic or in any other respect, and directed a verdict for the defendant. This decision was affirmed by the Court of Appeals.

A dentist who is under the unpleasant necessity of defending a malpractice suit finds that the burden of proof rests with the plaintiff. Moreover, the plaintiff must establish the two essential elements of such a case. These requirements are very plainly and succinctly expressed in an opinion rendered by Judge Taft, later Chief Justice of the United States. In this opinion, which often has been cited as containing a clear exposition of the law, the court said: "Before the plaintiff can recover, she must show by affirmative evidence—first, that defendant was unskillful or negligent, and, second, that this want of skill or care caused injury to the plaintiff. If either element is lacking in her proof, she has presented no case for the consideration of the jury. The naked facts that defendant performed operations upon her eye, and that pain followed, and that subsequently the eye was in such a bad condition that it had to be extracted, establish neither the neglect and unskillfulness of the treatment, nor the casual connection between it and the unfortunate event."

In a Wisconsin Case the evidence sustained a finding that an employee of a dentist, while the latter was on vacation, had failed to exercise proper skill and care in treating a patient who had a chronic infection of the lower jaw. The jury's verdict was for $10,000, which amount the court reduced to $4,745. The Supreme Court, however, in reversing the lower tribunal and directing judgment for defendant, took the ground that it was impossible to say that the spreading of the infection was due to the treatment as the infection might have spread had the patient received more scientific treatment. This case further emphasizes the necessity of plaintiff's establishing the casual connection between the treatment and the injury, and also that the plaintiff fails to meet the burden of proving proximate cause if the evidence discloses that a given result may have been due to two or more causes, one of which was the negligence of the defendant.

Assuming that plaintiff in a given case has presented evidence tending to establish want of care, skill and diligence which caused an injury, the defendant dentist must undertake to rebut such evidence. This he will proceed to do by his own testimony and that of other persons in an effort to show that he used a proper degree of care, skill and diligence, and that there is no casual connection between the treatment rendered and the alleged injury. He must endeavor to meet the plaintiff's case with every legal defense that is afforded by the law and by the authority of adjudicated cases. He will be justified in assuming that whatever sympathy is indulged by the jury will be for the plaintiff. Finally, he may take a measure of consolation in meditating upon the fact that for the errors of trial courts and the capricious verdicts of juries there is recourse to an appellate tribunal.

* Read before the District of Columbia Dental Society, April 11, 1933.

WORTH READING

"Modern Concept of Orthodontia" by Casto. A. D. A. Journal pg. 1723.

"Movement of Tooth Germ", by Brodic. A. D. A. Journal pg. 1830.

"Orthodontia" by Hemley. Dental Cosmos, pg. 1019.

"What Price Orthodontia?" by Le Blanc. Dental Cosmos, pg 1053.

Here lies the bones of Wilbur Wump
Who drove too fast and hit a bump,
And left the road ere he could jump,
And wrapped his car around a stump.
Remains are at the city dump—
The car, not Wump!
—Illinois Dental Journal

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The Fisherman's Child (as big sister introduces her latest boy friend to the family circle) —Oh, daddy, don't you think she ought to throw that one back? Sydney Bulletin.

Scottish Superstition

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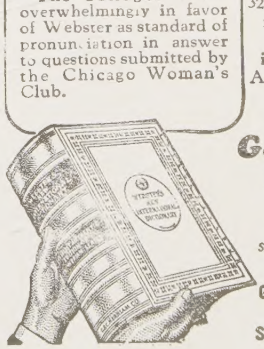

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